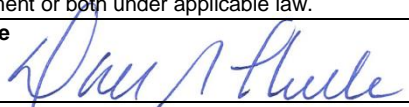

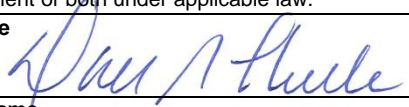
 United States Environmental Protection Agency Washington, DC 20460		<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other:	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 35935-XXX		2. EPA Product Manager Hope Johnson	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Nufarm Mefenoxam Technical		PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Nufarm Limited c/o Nufarm Americas Inc., Agent 4020 Aerial Center Parkway, Suite 101 Morrisville, NC 27560 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final printed label in response to Agency letter dated: _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input type="checkbox"/> Notification - Explain below. <input checked="" type="checkbox"/> Other - Explain below			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) REGFEE= \$23,100; PRIA Action Code = R334; Decision Review Time = 11 months Application for the registration of a new MUP with unregistered source of active ingredient.. Pay.gov Tracking ID: 26GAMG8U; Agency Tracking ID: 75710034675 CONTACT: Danielle Larochelle, Nufarm Americas Inc, 4020 Aerial Center Parkway, Suite 101, Morrisville, NC 27560. Tel: 919-379-2530; email: danielle.larochelle@nufarm.com			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging container wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt. container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify):
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 25 Gallons		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued _____ <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Danielle A. Larochelle		Title Sr. Regulatory Manager	Telephone No. (Include Area Code) (919) 379-2530
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Sr. Regulatory Manager	
4. Typed Name Danielle A. Larochelle		4. Date March 22, 2019	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other:	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 35935-118		2. EPA Product Manager Nathan Mellor	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Nufarm Mefenoxam Technical		PM# Actin PM 21	
5. Name and Address of Applicant (Include ZIP Code) Nufarm Limited c/o Nufarm Americas Inc., Agent 4020 Aerial Center Parkway, Suite 101 Morrisville, NC 27560 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	
Section - II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final printed label in response to Agency letter dated: _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input type="checkbox"/> Notification - Explain below. <input checked="" type="checkbox"/> Other - Explain below			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Submission to satisfy the data requirements for storage stability and corrosion characteristics (Guidelines 830.6317 and 830.6320, respectively). CONTACT: Danielle Larochelle, Nufarm Americas Inc, 4020 Aerial Center Parkway, Suite 101, Morrisville, NC 27560. Tel: 919-379-2530; email: danielle.larochelle@nufarm.com			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging container wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt. container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify): _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 25 Gallons		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued _____ <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Danielle A. Larochelle		Title Sr. Regulatory Manager	Telephone No. (Include Area Code) (919) 379-2530
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Sr. Regulatory Manager	
4. Typed Name Danielle A. Larochelle		4. Date September 16, 2021	